



Dry Lakes Racers Australia

Junior Entrant Application Form

Use this form to make application for assessment as a Junior Entrant.

Junior Entrant

Name: _____

Street _____

Address: _____

City: _____

Postcode: _____

Date of Birth: _____

Phone No. : _____

Email: _____

Member No. : _____

Parent or Guardian

Name: _____

Street _____

Address: _____

City: _____

Postcode: _____

Date of Birth: _____

Phone No. : _____

Email: _____

Member No. : _____

Previous Competition Experience

Other Clubs and Organisations you are a member of

Other information

DRY LAKES RACERS AUSTRALIA

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● PO Box 349 Castlemaine VIC 3450 ● Phone : 03 5472 4629

● URL : <http://www.dlra.org.au> ● General Information: info@dlra.org.au ● Entries & Credit Card: treasurer@dlra.org.au



Dry Lakes Racers Australia

Junior Entrant Application Form

Assessment (For office use only)

Experience

Written Test

Practical Observation Date: ____ / ____ / ____

Approval

Approved ☐ Date: ____ / ____ / ____

Not Approved ☐ Date: ____ / ____ / ____

Reasons
